



CITY OF SEATTLE

Revenue and Consumer Affairs

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Seattle, Washington 98104-5020

(206) 684-8484 fax (206) 684-5170

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FOR OFFICE USE ONLY

CUSTOMER Number _____	
OBL. NR. _____	AMT. _____
OBL. NR. _____	AMT. _____
OBL. NR. _____	AMT. _____

APPLICATION FOR BUSINESS LICENSE Annual Fee \$80.00

The license is for the calendar year, January through December. For a business that opens July 1 or thereafter, the half-year fee is \$40.00

The half-year fee does NOT apply to any years prior to 1998. The Seattle business license expires December 31.

Please note that payment for the renewal of the license must be done on or before the expiration date or late fees are assessed.

Non-Renewal of the business license does NOT close your license account. You must submit written notice of closing to the address noted above.

PLEASE PRINT OR TYPE - COMPLETE BOTH SIDES OF THE APPLICATION

Your business will be assigned a City of Seattle CUSTOMER NUMBER. Refer to the Customer Number in any future correspondence relating to your license. Let us know if you previously had a Seattle business license. The account will be deemed a reinstatement ONLY if it has been closed for at least 12 months.

Please provide the information in the first section if it is available. The ID numbers are not required to obtain a City of Seattle business license.

State of Washington UBI # _____ FEIN _____

State of Washington Contractor # _____ City of Seattle Vendor ID # (if applicable) _____

Internet Address (if applicable) _____

S.I.C. Code _____ (office use only)

Have you previously had a Seattle Business License? ☐ YES ☐ NO

N.A.I.C.S. Code _____ (office use only)

PLEASE COMPLETE ALL SECTIONS BELOW and the REVERSE SIDE OF THIS FORM PROVIDING the BUSINESS INFORMATION

TYPE OF BUSINESS (Check ONE) ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Other _____

Is the business a non-profit organization? ☐ Yes ☐ No (Non-profit organizations are required to be licensed and file tax returns as all other businesses.)

LEGAL NAME OF BUSINESS ENTITY _____

(If a sole proprietorship, please list your legal name, last name first, and include any middle initial.)

TRADE NAME or dba (doing business as) _____

WHAT IS THE **STARTING DATE OF BUSINESS IN SEATTLE?** Month _____ Day _____ Year _____

If the business was operating in Seattle before the current year, prior years' license fees, taxes, penalties and interest may be due.

Zoning Limitations - A business license does not authorize the holder to conduct business in violation of any zoning ordinance.

The location of your business should be indicated below. You must list a physical address (a post office box or mail drop is not considered a physical address).

PHYSICAL BUSINESS LOCATION: _____

ADDRESS CITY STATE ZIP

Mailing address for LICENSE & RENEWAL _____

☐ SAME AS ABOVE ADDRESS CITY STATE ZIP

Mailing address for TAX FORMS _____

☐ SAME AS ABOVE ADDRESS CITY STATE ZIP

BUSINESS PHONE: _____ - _____ CELLULAR PHONE _____ - _____ FAX _____ - _____

LIST OTHER BUSINESS LOCATIONS IN SEATTLE - Each BRANCH LICENSE FEE is \$10.00 per year (attach a separate sheet, if needed).

TRADE NAME ADDRESS SEATTLE ZIP CODE TELEPHONE "Separate" tax reporting status?

☐ Yes ☐ No

☐ Yes ☐ No

PLEASE COMPLETE THE BACK SIDE OF THE APPLICATION - ALL INFORMATION AND A SIGNATURE IS REQUIRED TO PROCESS



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NATURE OF BUSINESS: Check all that apply and provide detail below. THIS INFORMATION should be as detailed as possible.

- ☐ Manufacturing-Extracting ☐ Printing & Publishing ☐ Tour Operator ☐ Wholesale ☐ Retail ☐ Service ☐ Transportation ☐ Other _____
- ☐ Utility Services (telephone services, pager services, cable television franchise) ☐ Charging Admission for Events/Shows ☐ Gambling Activity

DESCRIBE IN DETAIL THE PRINCIPAL PRODUCT(s) OR SERVICE(s) RENDERED: _____

NOTE: Additional licenses or endorsements may be required depending on the business activity - please see instruction sheet under regulatory licenses.

NAME(S) OF SOLE PROPRIETOR, PARTNERS, CORPORATE OFFICERS, AND RESIDENT AGENTS: List true name(s), residence address, telephone number and date of birth of the sole proprietor or all partners or corporate officers/directors and their titles (attach a separate sheet, if needed).

NAME AND TITLE RESIDENCE ADDRESS CITY, STATE, ZIP TELEPHONE DATE OF BIRTH

TAX REPORTING STATUS - Seattle BUSINESS LICENSE TAX FORMS must be filed by every business, **EVEN IF NO TAX IS DUE.**

Based on the taxable revenue for your business as described below, please check one of the following reporting frequencies:

- ☐ **QUARTERLY** - Estimated taxable revenue will exceed \$50,000 per year for entire entity - main location and branches (tax is due every quarter).
- ☐ **ANNUAL** - Estimated taxable revenue will be less than \$50,000 per year for entire entity (no tax due if revenue is less than \$50,000).

A Business granted ANNUAL reporting status by Revenue and Consumer Affairs must file a *combined* tax return if there is more than one location.

Tax forms are mailed to the last known address - failure to receive the form does not preclude the requirements to file timely.

PLEASE READ THE INFORMATION ON SEATTLE MUNICIPAL CODE REQUIREMENT TO FILE TAX FORMS ON THE INSTRUCTION SHEET.

The Director may assign a monthly reporting status to some businesses based on taxable revenue amounts. Businesses that generate revenue from utility services, collection of admission charges or gambling activity must file separate returns for those revenues.

IF YOU PURCHASED THIS BUSINESS, DID YOU TAKE OVER ☐ THE ENTIRE BUSINESS ☐ ONLY A PORTION

FORMER OWNER'S NAME CURRENT ADDRESS CITY, STATE, ZIP TELEPHONE CUSTOMER NUMBER

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

As applicant, I _____, certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. All information given is subject to verification with State of Washington, Department of Revenue.

SIGNATURE _____ DATE _____

PLEASE PRINT your NAME _____ TITLE _____

FEES DUE - MAKE CHECK PAYABLE TO CITY OF SEATTLE

Business License Fee if OPEN date is January 1 - June 30 **\$ 80.00**

OR

Business License Fee if OPEN date is July 1 or later in year **\$ 40.00**

Additional Seattle Locations _____ X **\$10.00** = \$ _____

TOTAL DUE \$ _____

FOR OFFICE USE ONLY

Initials Date

Processed by _____

Tax Forms Mailed _____

Enforcement _____

License # Issued _____